



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
OFFICE OF WEIGHTS AND MEASURES
PO Box 490, AVENEL, NJ 07001
PHONE (732) 815-4840 * FAX (732) 382-5298

Registration Application for Commerical Weighing and Measuring Devices

1. Please indicate registration status. Please check box below.

New ☐ Renewal ☐ Indicate Year: _____

Business Location - Please print or type.

Registration number: _____

If unknown, please leave blank. A number will be assigned.

Date Issued: _____

Return by: _____

(30 days from date issued)

City

County

2. Device Location - Please print or type.

Company Name

Street Address

City

State

ZIP code

County

Representative

Phone number *(Include area code)*

Fax number *(Include area code)*

3. Mailing Address - Complete if different from above.

Company Name

Street Address

City

State

ZIP code

County

Representative

Phone number *(Include area code)*

Fax number *(Include area code)*

4. List device information in chart below. See reverse side for device type, fees and important information.

For Official use only	Type of	I.D.	Model	Serial	Manufacturer's	Capacity Scales &	Number of Hoses	Amount due
							If Applicable	
1								
2								
3								
4								
5								
6								
7								
8								
9								

Please make check or money order payable to Weights & Measures Fund.

Total Amount Due

\$

Mail to: Office of Weights & Measures, PO Box 490, Avenel, NJ 07001.

Late fee-add \$10 for each device. +

Note: No action will be taken without a completed application and the

I hereby certify that the above information is true.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY/COMMENTS: